

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3226

Registration District No. 1156Primary Registration District No. 11293Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Elsherry, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community all life
years, months or days)3. (a) PRINT FULL NAME Harry Morris

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days - If less than one day hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name James Morris13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Eliza Perry15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant's own signature Floyd Mauldin(b) Address St. Louis, Missouri17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 6 - 1941 (Month) (Day) (Year)(c) Place: burial or cremation Elsherry Cemetery18. (a) Signature of funeral director Clifton Miller(b) Address Elsherry, Missouri19. (a) Jan 6 - 1941 (Date received local report) (b) Samuel P. Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Lincoln
(c) City or town Elsherry (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)(e) If foreign born, how long in U. S. A. - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1941 hour 6 minute 40 M.21. I hereby certify that I attended the deceased from Sept 17, 1940, to Jan 11, 1941; that I last saw him alive on Jan 1, 1941; and that death occurred on the date and hour stated above.Immediate cause of death died suddenly at home DurationDue to valvular heart diseaseDue to Cardio-Respiratory
cause

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

437 While at work (Specify type of place) (a) Means of injury

23. Signature H. V. Seeling (M. D. or other)Address Elsherry, Mo. Date signed 1-6-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Jan 5-1941, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clifton Miller

Licensed Embalmer No.

3364

P. O. Address

Elmhurst, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3226

Registration District No. 486

Primary Registration District No. 4293

Registrar's No.

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Elberberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Harry Morris

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced 8

6. (b) Name of husband or wife.

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased.

11 -
(Month)

5 - 187
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

67

-

2

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 5
year 1971 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature J. V. Keeling (M. D. or other)

Address Elberberry Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

